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CONFIRMATION NO. 5634

<b>SERIAL NUMBER</b> 10/798,794	<b>FILING OR 371(c) DATE</b> 03/11/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> GUID.128PA (03-079)
<b>APPLICANTS</b> Jesse W. Hartley, Lino Lakes, MN; Kent Lee, Fridley, MN; Jeffrey E. Stahmann, Ramsey, MN; Quan Ni, Shoreview, MN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/504,382 09/18/2003 <i>JEM</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None JEM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>JEM</i> Examiner's Signature <i>JEM</i> Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 51294				
<b>TITLE</b> Rate regularization of cardiac pacing for disordered breathing therapy				
<b>FILING FEE RECEIVED</b> 1188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	